

## FORM H: Counseling and Testing\*

Date: \_\_\_\_\_

### – Intervention Plan – Jurisdiction Aggregate Form

OMB No. 0920-0497  
Expiration Date: 04/30/2004

[1] Jurisdiction ID: \_\_\_\_\_

[2] Number of counseling and testing interventions this form describes: \_\_\_\_\_

[5] Number of agencies to participate in counseling and testing interventions by type of agency:

CBO - Minority Board	_____	State Health Department	_____	Academic Institution	_____	Individual	_____
CBO - Non-Minority Board	_____	Local Health Department	_____	Research Center	_____	Other Agency	_____
Faith Community	_____	Other Government	_____			(please specify)	_____

**NOTE:** Unless otherwise noted on this form, CDC will use totals from your last year's client data from the *"HIV Counseling and Testing Report Form"* to estimate the number and characteristics of clients you anticipate serving in the coming year.

If changes are expected, please use the items on the following page to describe them.

**[12]** Please describe any expected changes in the number or characteristics of clients who will receive counseling and testing services in the next year. The following is a *partial* list of issues that may affect your services; please address any issues you believe to be relevant.

- Priorities in areas of high rates of HIV seroprevalence or AIDS incidence
- Priorities in areas serving clientele known to have high rates of HIV infection or risk behaviors that place them at risk of HIV infection
- Changes due to HIV reporting
- Changes due to managed care activities in the jurisdiction

**[9]** Notes/Comments Field: